



**DEPARTMENT OF HUMAN SERVICES**  
**SENIORS & PEOPLE WITH DISABILITIES**  
**500 Summer Street NE E02**  
**Salem, Oregon 97301-1073**  
**Phone: (503) 945-5811**

**AUTHORIZED BY:** \_\_\_\_\_

**Administrator**

**INFORMATION MEMORANDUM**

**SPD-IM-03-026**

**Date: March 12, 2003**

**TO:** Area Agency on Aging Directors CHS SDA Managers  
CHS/AAA Field Managers and Staff CHS SDA Assistant Managers  
SPD Managers and Staff CHS Central Office Managers

**SUBJECT: Supplemental Income Payment (SIP) Issuances**

**INFORMATION:** On February 1, 2003, clients in survival priorities 15-17 were no longer eligible for long term care services. Some of these clients remained eligible for the OSIP program. A mass file update converted those clients, removing the service need codes. Because the cases were converted as part of a mass file update (AUTO CH code), rather than an online action, a prorated SIP check for the balance of the year was not issued to these clients.

We have identified the clients who are eligible to receive the prorated SIP payment. The payments will be issued from Central Office using the Special Cash Pay system. The pay reason code will be 07 - Supplemental Payment. Each client record that was converted on February 1, 2003 will receive \$18.70. Clients will be sent a letter, in a separate envelope, explaining the check. A copy of the letter is attached.

We have found a way to issue these checks automatically in the next conversion.

**CONTACT:** Katherine Allen

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Branch Office Name  
Branch Office Mail Address  
Branch Office City, State, ZIP

Payee Name  
Payee Address  
Payee City, State, ZIP

Branch Office Name  
Branch Office Phone#  
Case Number:

This notice is about an important change. The program that allows you to get a medical card each month also allows you to get a small monthly grant. The grant is \$1.70 per month. It is called a SIP. When you received long term care services, the SIP grant was sent to you monthly.

We will now be giving you a single check that represents the total of the monthly grant amounts through the end of the year. A check for \$18.70 will be mailed to you in a separate envelope.

If you are still eligible for the grant next year, you will receive a single check in January. That check will be for the total of the monthly grant amounts for the year 2004.

If you have questions regarding this letter, please contact your caseworker at the phone number listed above.